

Date:

CLAIMS E-SUBMISSION AFFIRMATION LETTER

To,

(Name of TPA

AND

Name of Insurer)

Regarding E claim submission under –

Policy number -

Name of Policyholder & Contact No: -

Patient Name -

Claim no -

Dear All,

Claim documents as above are attached herewith, and in the said context, I affirm and submit that-

- All original documents pertaining the referred Claim number being uploaded are in my possession.
- I will submit the same to the TPA after the corona related restrictions are lifted.
- I have not submitted these documents nor will I submit these documents to any other insurer or TPA or any other indemnity reimbursement scheme, for any claim except when the need arises for submitting a claim, for residual unsettled amounts for this claim.
- I am liable to repay the (name of insurer / name of TPA) the settled amounts and / or face any recovery action from the (name of insurer / name of TPA), if such an action is warranted against me.

Thanks and regards

Name of Proposer / Claimant

Place:

Date: